U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.E. 86-257, as amended. Failure to comply may result in criminal prosecution, fines. cr civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

34//

Jerry Perrigia

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name

2. Fiscal Year Covered From

Labor Organization File Number

01 /01 /2005 Through: 12 / 31 / 2005

003-483

United Steelworkers Local 351L

4. Name, file number, and address of labor organization.

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3317 Mayberry Landing Dr.	Street 1923 Culver Road
city North port	City Tuscaloosa
State Alabana ZIP Code + 4 35473	State Alabama ZIP Code + 4 35401
5. Position in labor organization. Guard Excu	tive Board
Enter appropriate data below If, during the past "iscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions 'including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name The Gredit Union of Alabana	First Marigage 47,602.76
6. Name and address of Employer (including trade name if any).  Name The Credit Wrise of Alabana  FCU  Trade Name, if any:	Notor Cyclic 11,000.00
P.O. Box, Bldg., Room No., if any	Motor Cyclic 11,000.00 Savings 60.84
Street 1215 Veterars Memorial PKY	7.b. Amount.
city Tuscaloosa	
State Alabama ZIP Code + 4 35404	
Signature	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

14.b. Amount of paymen.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State